Beyond political commitment to sanitation: navigating incentives for prioritisation and course correction in Ethiopia

Case study

Contents

Acknowledgements 1
Executive summary 2
Introduction 4
Context 5
Translating high-level political commitment into prioritisation through the government machinery 9
Course correction to tackle existing and emerging obstacles 12
Interrelation between prioritisation through government machinery and course correction 14
Conclusions and lessons 15
References 17

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Making sanitation happen: turning 'political will' into action. Policy brief.

Beyond political commitment to sanitation: navigating incentives for prioritisation and course correction in Ethiopia, India and Indonesia. Synthesis report.

Beyond political commitment to sanitation: navigating incentives for prioritisation and course correction in India. Case study report.

Beyond political commitment to sanitation: navigating incentives for prioritisation and course correction in Indonesia. Case study report.

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Cover image: Motuma Mekassa, Minister of Water, Irrigation and Energy, Ethiopia, announces the Sanitation and Water for All Meeting of Ministers. Credit: PressTV.

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Executive summary

In the past few decades Ethiopia has undertaken several initiatives and reforms that signal a degree of high-level commitment to rural sanitation of sector Ministers and senior civil servants. This has resulted in world-leading progress in reducing open defecation.

This study examines how that high-level political commitment translated into progressive outcomes by analysing two mediating processes that are considered crucial: prioritisation of sanitation through different layers of government; and course correction to tackle existing and emerging obstacles. It focuses on the role of incentives in shaping these processes.

Regarding **prioritisation**, a hierarchical system of command and control has enabled prioritisation of sanitation to cascade down to the local level. The national Health Extension Programme, rooted in Ethiopia's extensive Government bureaucracy at the local level, has ensured rapid roll-out of the community-led total sanitation and hygiene (CLTSH) approach. However, the characteristics of Ethiopia's wider systems of politics and governance (strong bureaucracy, single party dominance and upward accountability) mean that these mechanisms for prioritisation are better suited to driving access than sustained behaviour change. Also, although the mechanisms can encourage officials seeking career progression to prioritise the sanitation sector, party-political dynamics can also quickly incentivise focus on other priorities, leaving insufficient time to engage in longer term processes required for systemic behaviour change.

Another crucial incentive for prioritisation of sanitation down to local levels, is the designation of a key ministry, the Ministry of Health, as the lead for rural sanitation, via that Health Extension Programme. However, this incentive doesn't necessarily work for prioritisation **across** government. Perceptions about the relative status of different departments and policy priorities seem to disincentivise the various sectors involved from collaborating effectively on the One WASH National Programme.

In terms of **course correction**, the sector has also shown itself to be open to change, undergoing important evolutions including the adoption of a sector-wide approach in the form of the One WASH National Programme. A cycle of joint technical reviews and multi-stakeholder forums has played an important role in building consensus around policy shifts. Despite concerns about the narrowing space for policy dialogue and advocacy engagement, external partners have successfully contributed to course correction, involving Government counterparts in designing and conducting research, and provided resources for follow-up on learning initiatives.

At more local and day-to-day levels, it is less clear that incentives are in place and working well for routine course correction. The top-down targets and hierarchical functioning that have encouraged prioritisation might have squeezed out space for adaptation and experimentation. Without systems of verification, this pressure also leads to inaccurate reporting, creating a general distrust in the reliability of information and hindering its use for strategic decisions. This situation highlights the delicate balance that countries need to strike – building strong systems to encourage

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prioritisation down to the local level, while ensuring these don't work against effective course correction.

As Ethiopia moves to the next stage of its rural sanitation journey, this study highlights useful lessons, which might also be relevant for other countries:

- Match top-down targets, campaigns and quotas with a wider range of incentives, such as rewards and recognition for local innovations.
- Use funding to influence decision-making and accountability, alongside the command structures of the Government hierarchy.
- Use party-political structures and sectoral chains of command to influence stakeholders to prioritise sanitation.
- Provide space and incentives to follow up and translate commitments from sector review and learning into action.
- Extend prioritisation of sanitation beyond the 'usual suspects' (such as health and water ministries) by making a link to national political priorities.
- Foster the active participation of key Government decision-makers in learning and review activities as early as possible, backed with resources to pilot or scale up evidence-based approaches.
- Strengthen confidence in data as a basis for course correction by investing in supportive review and verification

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Introduction

This study is part of a wider research project that examines what is needed for high-level political commitment on sanitation to translate into effective action by a government. Given the public health costs and the limited demand that exists without government intervention, those working on sanitation have emphasised the importance of securing political commitment at the highest levels.[i] Less attention has been given to what else might be needed to drive progress on sanitation once that high-level commitment is in place.

We investigate two critical functions that will be needed to turn the spark of high-level political commitment into progress on Sustainable Development Goal Target 6.2, namely 'adequate and equitable sanitation and hygiene for all'.[1] The first is the ability to translate commitment into prioritisation through the machinery of government – the engine driving progress in the sector. The second is the ability to course correct in response to existing and emerging obstacles – the rudder that allows effective steering and adaptation in the complexities of sanitation.

This dual focus – on engine and rudder – builds on WaterAid's previous research on how total sanitation coverage was achieved within a generation in several East Asian countries such as South Korea and Malaysia.[2]

In investigating these functions, we examine the underlying issues of incentives, interest and power that operate at individual and organisational levels. We consider which incentives work for and against effective prioritisation and course correction. We also consider how prioritisation and course correction interrelate.

The Ethiopia case study concerns rural sanitation. It is part of a global study, which includes case studies in Indonesia (urban sanitation) and India (rural sanitation.

The overarching research questions we address are:

1. How do incentives shape the translation of high-level political commitment into prioritisation of sanitation through government machinery?
2. How do incentives enable or hinder course correction to tackle existing and emerging obstacles in the sector?
3. How do prioritisation through government machinery and course correction interrelate?

The research was commissioned by WaterAid and carried out by the Overseas Development Institute (ODI), supported by IRC in Ethiopia. Researchers collected primary data through key informant interviews in Addis Ababa in August 2016, interviewing 21 expert stakeholders representing 14 organisations. They gathered secondary information from academic and grey literature before and after primary data collection and sought to validate the emerging findings via a summary provided to a number of interviewees. Still, the reliance on a small pool of interviewees working at the national level constitutes a limitation of the study.

The next section introduces the political and governance context shaping the Ethiopian rural sanitation sector. The researchers then synthesise the findings related to the research questions, before concluding with lessons that could be relevant to other countries.

[i] For example, from prime ministers, presidents, ministers, or heads of government departments.

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Context

For more than a decade there have been indications of high-level commitment to rural sanitation in Ethiopia, including from ministers at national and regional level and senior civil service staff. Perhaps the clearest sign is that sanitation has been a key component of the national Health Extension Programme (HEP) since 2002, which is regarded as a model for preventative healthcare across Sub-Saharan Africa and beyond.[3] Although high-level commitment on sanitation may have fluctuated since 2002, this change has resulted in significant progress in reducing open defecation.

In this section we consider the key elements of the political and governance context that have implications not only for the nature of high-level commitment but also for how sanitation is prioritised through the government machinery, and how processes of course correction and adaptation play out. We then focus on the rural sanitation sector to offer further analysis on the nature of political commitment, and the policies, programmes, past progress, and future ambitions that follow from this.

Political and governance context

Ethiopia is widely recognised to have made substantial gains in many areas of development, while not long ago it had one of the world's highest rates of poverty and lowest levels of human development. Between 1995 and 2011 the proportion of people living on US$1.25 per day or more almost doubled, from 37% to 63%. Gross domestic product per capita more than quadrupled in 11 years, from $110 in 2002 to $498 in 2013 – one of the world's highest rates of change. This growth seems quite broad-based, and Ethiopia has the third lowest rate of income inequality in Sub-Saharan Africa, as measured using the Gini coefficient.[4] Ethiopia also met several Millennium Development Goal (MDG) targets, including on under-five mortality[5] and access to water supply.[6]

This progress has been attributed to: a strong focus on poverty reduction as an overarching goal; high levels of pro-poor spending; and an emphasis on long-term planning.[7] Continued growth towards middle-income country status by 2025, supported by structural transformation of the economy via the agricultural and manufacturing sectors, is a central ambition of Ethiopia's second Growth and Transformation Plan (GTP II; 2015/16-2019/20).[8] GTPII also emphasises the idea of a 'developmental state', a label that has many meanings but can be understood to imply traits including: domestic control of the economy and labour (as opposed to globalised free trade); a large government bureaucracy; and an emphasis on economic growth as a central priority, potentially above political reform.[9]

Politically, two key features have strong roles in shaping the incentive structures at different levels of Government, and therefore the ability of elected and appointed officials to prioritise sanitation and course correct: single party dominance, and the extent and form of decentralisation.

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On the first point, Ethiopia's ruling party, the Ethiopian People's Revolutionary Democratic Front (EPRDF) won 100% of the seats in the Federal Parliament in 2015, after more than two decades in power. Party structures are important in translating instruction and prioritisation of issues down to local levels, and demonstrating party allegiance is often important for career progression.[10] For critics, the EPRDF's control over many aspects of economic, social and political life in Ethiopia has resulted in a 'lack of space for critical or dissenting voices'.[11] Violence is sometimes used to suppress dissent, and there are recurrent accusations of restrictions on and intimidation of opposition parties, the media, and civil society.[12] At the time of writing, protests by ethnic groups who claim they have been marginalised by the Government are reported to have received a heavy crackdown.[13]

On the second point, Ethiopia is a Federal Republic, with explicit demarcation of powers between the central Government, and governments at lower tiers. Decentralisation to the nine regions (and two 'chartered cities', Addis Ababa and Dire Dawa) occurred with the 1995 constitution. This was reinforced from 2002 onwards by further decentralisation to woredas (districts) and below these kebeles (similar to wards). Governance at each level is structured on similar lines, with an elected head and council. Local councillors are, however, both elected officials who are meant to respond to demands of their electorate, and functionaries responsive to and dependent on the bureaucracy (often more senior party figures) at higher level. Institutions for service delivery, including WASH, have also been decentralised along these lines,[14] and the constitution establishes a principle of subsidiarity whereby service delivery responsibilities are allocated to the lowest possible tier of government. Local government in Ethiopia has both revenue-raising and expenditure responsibilities, but block transfers, ultimately from central Government, are important – own-source revenue makes up a small share of woreda budgets, for example.[15]

Nature of high-level commitment on rural sanitation These two broader features of Ethiopian politics and governance are visible when we consider the nature of high-level commitment on sanitation. Interviewees cited few individual leaders by name when considering how and how far there is commitment to sanitation at high levels of Government. Development of the HEP and subsequent major national initiatives on sanitation were often characterised more as a collective effort, from ministers and senior civil servants in key line ministries – particularly the Ministry of Health (MoH) and Ministry of Water, Irrigation and Electricity (MoWIE). One of the few individuals regularly mentioned by name as a key leader prioritising sanitation was Dr Shiferaw Teklemariam, who, as Head of the Bureau of Health in Ethiopia's Southern Nations, Nationalities and Peoples' Region, led development and implementation of a regional sanitation and hygiene strategy from 2003 onwards that emphasised a more promotion-oriented approach. This implies both the significant role that leaders at subnational levels can play in a decentralised context, and a relatively depersonalised way in which political prioritisation can emerge, across a number of individuals rather than being driven by a single champion. In the words of one of our interviewees: "You cannot say it is a given person's initiative, it is a collective initiative." A further implication is that high-level political commitment to rural sanitation has been more visible among leaders within responsible line ministries (or their equivalents at regional level, like Dr Shiferaw), compared with leaders beyond the sector such as the Prime Minister or other senior party figures. Although

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ministers can themselves be influential party members, we did not find evidence of high-level commitment on sanitation within the upper echelons of the wider EPRDF.

The same dynamics applied in discussion of other landmarks for commitment to rural sanitation in Ethiopia, such as the One WASH National Programme (OWNP), launched in 2006. The OWNP provides a sector-wide approach for WASH, requiring a single plan, budget and reporting system. Like the HEP, interviewees viewed the institution of the OWNP as an important demonstration of commitment on rural sanitation by several of the ministries concerned. In addition to MoWIE and MoH, the OWNP is backed by the Ministries of Education and Finance and Economic Development, via a memorandum of understanding. The memorandum has been signed by the Ministers and plays an ongoing reference point in the dynamics of inter-ministerial commitments to sanitation. For example at the 2014 Sanitation and Water for All High Level Meeting, Government of Ethiopia delegates stated that: "The Ministry of Health will work with the Ministry of Finance and Economic Development, Ministry of Water, Irrigation and Energy, and Ministry of Education to ensure that sanitation and hygiene – as a subsector of WASH – is well recognized and resourced."[16]

The current status of sanitation in Ethiopia's wider institutions and ambitions for development raised questions about levels of commitment for some of our interviewees. Although the Ministry of Health is the designated lead for rural sanitation, it is housed below the Directorate level, under a Case Team (for Hygiene and Environmental Health). The case team itself has an agenda covering a number of environmental health issues, although sanitation and hygiene are reportedly the focus due to the size of the Health Extension Programme. In terms of ambition, the new GTPII does have targets on sanitation: 82% of households to use a latrine by 2019/20 (from a baseline of less than 28% in 2014/15); and 82% of kebeles to be verified open defecation free (from a baseline of 18% in 2014/15). These targets are also picked up in the Health Sector Transformation Plan. Within this document, hygiene and environmental sanitation receives dedicated mention as the fourth of four key themes, and the household and community sanitation targets are supplemented by one requiring all health facilities to have functional sanitation by 2019/20.[17] However, although the main text of the GTP II mentions the water supply targets in some detail, it is largely silent on the specific ambition for sanitation, besides brief mention of the latrine use target in a table, and a statement that 'the proportion of households with access to improved latrines and open defecation free kebeles will be increased'.[18]

It is difficult to tell how far policy pledges are translating into more tangible signs of commitment, such as increased finance. A recent case study of financial absorption in Ethiopia's WASH sector noted that 'it is very difficult to find budget and actual expenditure for sanitation and hygiene by the Government, as it lacks specific budget lines, especially at different levels of government (federal, regional and district).' The study was able, however, to identify that absorption of funding for sanitation and hygiene routed via the Ministry of Health had historically been low, but that it had increased to 88% as of 2013/14 because of priority measures to scale up capacity for local health services.[19]

At the level of sanitation outcomes, signs of progress are clearer. Even on household survey measures, as opposed to reported output from sector agencies, there have

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been very impressive reductions in rates of open defecation. The WHO and UNICEF Joint Monitoring Programme (JMP) estimates – using nationally representative household surveys – that rates of open defecation in rural areas decreased from 100% in 1990 to 34% in 2015. The change in open defecation nationally (92% in 1990 and 29% in 2015) is the fastest rate of reduction in the world.[20] Access to improved latrines increased from 0% to 28%, leaving 8% of households with access to shared latrines and 30% with access to unimproved latrines, such as pit latrines without an adequate slab (even if, in an agreement between the JMP and the Government of Ethiopia, 50% of 'Pit latrines without slab' are counted as improved latrines).[21]

Causal pathways are complex and it is not possible to assume that increasing access to latrines is caused by increased political commitment. Nonetheless, the HEP has seen a growing emphasis on promotion and self-construction of latrines by households, especially with the instigation of CLTSH, which was formalised with the 2006 National Hygiene and 'On-Site' Sanitation Protocol.[22] The investment in community-led approaches via the HEP would seem to correlate with the pattern of rapid reductions in open defecation, but slower progress in extending access to improved sanitation.

Recent studies suggest there is some way to go on improving the quality of latrines, ensuring use by all family members, and on enhancing associated hygienic behaviour such as handwashing with soap or soap substitute. For example, preliminary findings from 2016 UNICEF evaluation found that on average only 24% of latrines have a tight-fitting drop-hole cover, and that 50% of households with access actually use a latrine at all times, including when away from home. An evaluation by the Global Sanitation Fund found 10% of households had a handwashing facility and reported handwashing in practice at all critical times. There is also significant variation between regions – the same UNICEF evaluation found that open defecation rates ranged from close to 90% in the Afar region to less than 1% in Benshangul-Gumuz.[ii]

[ii] Preliminary findings of CLTSH Review in 8 Regions of Ethiopia conducted by UNICEF ETHIOPIA Rural WASH Programme 2016; and Global Sanitation Fund Program Outcome Evaluation of Ethiopia's Sanitation and Hygiene Improvement Programe (E-SHIP) in regions supported by GSF. Shared at the National Hygiene and Environmental Health Task Force Meeting, Addis Ababa, 4 August 2016.

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Translating high-level political commitment into prioritisation through the government machinery. In this section we consider how commitment translates into prioritisation of sanitation through the government machinery – the first of our two key functions, the other being ability to course correct. Ethiopia seems to have built a strong platform, insofar as the bureaucracy and human resources of the HEP have enabled roll-out of the CLTSH approach. In manpower terms alone, this is comprised of a health sector architecture with the MoH at national level, bureaus of health at regional level, offices at woreda level, and health posts at kebele level – each staffed by two female Health Extension Workers (HEWs) resulting in over 38,000 HEWs nationally. We first consider the incentives at work in prioritisation from national to subnational levels, before turning to how sanitation is prioritised across government at the same level.

Prioritisation through government at different levels

Although Ethiopia has the systems to translate prioritisation of sanitation down to local level at scale, a key finding is that the incentives at work may mean these systems are more effective at increasing access to basic latrines than is deeper behaviour change. A number of interviewees highlighted the incentives for officials at local levels that are provided by instructions and targets set by higher levels. These generally seem to effect change through command and control, in a way that is suited to rolling out narrow policy directives rapidly and at scale. Within this, positive 'instrumental' incentives may be at work, which encourage action by offering the prospect of a reward – for example where individuals perceive a benefit to themselves such as opportunity for promotion. But the approach can also derive its effectiveness from the threat of sanctions for poor performance. Several interviewees questioned whether the incentives created in a command and control system allow for the kinds of local adaptations that may be necessary in a sector like sanitation (where behaviour change obstacles and drivers might be context-specific) and a country like Ethiopia (where those contexts can differ hugely between and within regions).

Some interviewees pointed out that the national-level targets were in some cases being translated into hard quotas, supplemented with specific campaigns for accelerated latrine construction. Although these campaigns could produce results, they also increased pressure on HEWS. For one interviewee, this means HEWs are "not in a position to implement the guidelines properly. When you talk about CLTS, it's not one day's work". Because campaigns are often party-driven, they can be the key concern for leaders at kebele and woreda levels. Although there are local elections, the EPRDF is also dominant at local level, implying that being responsive to senior figures in the party hierarchy can be a better route to political advancement than being responsive to the local electorate.[23] In this context, party-orchestrated campaigns can reportedly result in HEWs being pulled away from sanitation into other campaigns – most commonly on other health issues such as deworming or immunisation, but also reportedly sometimes on other issues beyond health, such as school enrolment. Equally, other local government staff such as development agents (agricultural extension workers) or teachers are also sometimes brought into support sanitation campaigns, without the necessary training.

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Finance can also provide instrumental incentives, for example through rewards or compensation for local officials who prioritise sanitation. However, there was less evidence of this happening in Ethiopia compared with our case study contexts in India and Indonesia.[iii] The availability of finance might be an issue because as it enables local government to respond to other incentives, such as quotas and targets. In this regard, some interviewees observed a tendency for local government stakeholders to conflate the OWNP with the Consolidated WASH Account – a pooled fund routed through government structures and financial management systems, through which WASH funds from a number of donors now flow (including DfID, the African Development Bank, the World Bank, and UNICEF). In this sense, specific funding lines seem to be able to focus officials' attention, in that they enable them to discharge orders from higher levels. These dynamics might be more relevant for institutional sanitation (WASH in health facilities and schools) which is funded via CWA, as opposed to household sanitation, promotion of which remains MoH's responsibility to finance separately, principally via the HEP. Nonetheless, the high degree of dependence on transfer of revenues from higher levels of government, and the way this shifts attention of local government upward to central Government away from the communities they represent, is a recognised challenge in the wider literature on decentralisation in Ethiopia.[iv]

Compared with the other case study countries, especially India, we found few attempts to encourage prioritisation by aligning sanitation with personal or collective values (as opposed to encouraging prioritisation by creating a direct, personal benefit).[24] As in the India and Indonesia case studies, our interviewees did identify economic development ambitions and ideas of modernity as important in efforts to incentivise prioritisation of sanitation. For example, several interviewees argued that sanitation could and did gain traction as an issue within Government, through efforts to align with the national ambition to achieve Middle-Income Country status. Some of these arguments seemed to be quite specific – for example the role of sanitation (and environmental health generally) in reducing curative healthcare costs, often reliant on costly imported medicines. Others were more general, concerning public health and productivity. Interviewees identified international development objectives, such as the MDGs and now the Sustainable Development Goals, as being important in fostering prioritisation within government.

Prioritisation across government at the same level in a sector like sanitation, which relies on promotion, infrastructure and markets working together, encouraging prioritisation by different government departments at the same level can be as important as cascading prioritisation between different tiers. Without this, sanitation risks becoming no-one's issue, or lost within a single ministry.

Ethiopia has clarified sector roles via the inter-ministerial memorandum of understanding, which in principle allocates most lead responsibilities relating to rural, community-based sanitation to the Ministry of Health.[v,25] Specifying inter-ministerial

[iii] See discussion in the India case study report of the planned Swachh Bharat Mission (Grameen) Performance Incentive Grant; or the Sanitation *Hibah* in the Indonesia case study report.
[iv] Ibid.
[v] In particular, the MoU specifies that the MoH is designated the areas of WASH-related services including the following: "Conduct training on Water Quality monitoring and surveillance, Hygiene Promotion, community led approaches and other need based WASH

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responsibilities this way fits with international good practice to ensure sanitation is prioritised and organised in a coordinated way.[26] However, it is not clear that signed agreements are always sufficient to incentivise the respective parties to work together – suggesting that it is important to consider other, subtler (dis)incentives for coordinated and collaborative prioritisation.

There is some indication of departments competing for lead responsibility. For example, at the time of research there was uncertainty about whether the MoH or the Water Sector Working Group, housed within the MoWIE, was responsible for convening the main technical working group on sanitation. The division extends to the ministries having different names for what is ostensibly the same grouping of individual stakeholders – respectively, the Hygiene and Environmental Health Task Force and the Hygiene and Sanitation Technical Committee. More importantly for their practical functioning, the invitation lists have reportedly been handled separately, resulting in some key participants being excluded when meetings are organised by one or other of the hosting ministries. Subtle power and status differences can also shape how far one government department can persuade another that is notionally on the same level. As noted, sanitation sits relatively low within the hierarchy of the MoH – part of the portfolio of a case team, itself housed within a Directorate. When WASH stakeholders come together this can reduce the authority and influence of the institutional lead representing sanitation issues.

Somewhat conflicting opinions were received on cross-sectoral prioritisation of sanitation at subnational levels. Some characterised this as deteriorating down to the local level – for example, the difficulty sanitation stakeholders faced in encouraging school directors to prioritise school WASH. The alternative view is that the power of woreda administrators and kebele chairs over sectoral staff means they are better able to enforce collaboration on political priorities, compared with ministers and departments at the national level.

There are, however, indications that stakeholders have managed to work around the issues of relative power and status that can disincentivise responsiveness to prioritisation efforts. A key example is the use of wider political objectives and priorities to stimulate interest in sanitation marketing. Unemployment is recognised as the major challenge (alongside poverty) for Ethiopia in GTPII. The Government regards youth employment and engagement as an important issue from the perspective of political stability, as well as poverty reduction and economic growth.[27] With this, sanitation marketing has been framed as a means to contribute to this wider, politically salient objective, while also addressing key sanitation challenges such as moving people up the ladder from unimproved latrines. Sustained dialogue and support from external partners such as the World Bank Water and Sanitation Program (WSP) has reportedly resulted in the Ministry of Health seeing employment and private sector engagement as crucial to public health objectives. In turn, this has enabled MoH to effectively engage other, politically influential Government agencies and institutions on the sanitation agenda, such as those responsible for microfinance and business support and development.

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issues; Facilitate provision of sanitation facilities in schools and Institutions at all levels; Introduce appropriate sanitation technologies for on-site use."

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Some interviewees highlighted other instances of international partners facilitating and encouraging prioritisation across government ministries and departments. For example, key donors supporting the OWNP were reportedly encouraging buy-in across the responsible parts of Government by only engaging with ministries within the framework of the Consolidated WASH Account, and avoiding discussion of smaller project-based financing. Related to this, some respondents referred to the effect that direct exposure to international fora had on Government priorities, such as the Sanitation and Water for All Ministerial Meeting held in Addis Ababa in March 2016. However, others were more circumspect about, for example, how far international events transfer into prioritisation beyond initial declarations and commitments, arguing that international agreements are rarely well communicated and don't seem to influence the wider direction of sanitation policy in the country. One interviewee also queried whether widespread use of consultants to fill key posts within some ministries was undermining prioritisation within the wider government machinery. These points underscore that the power donors possess as providers of funding needs to be used carefully for it not to distort prioritisation efforts.

Course correction to tackle existing and emerging obstacles

Turning to the second object of our research – the ability to course correct in response to existing and emerging challenges – it is useful to make a general distinction between major learning and reform efforts and more day-to-day adaptation.

Major learning and reform efforts

For a decade Ethiopia's WASH sector stakeholders have convened around joint technical reviews, conducted by Government and partners, and multi-stakeholder forums to discuss findings and agree actions. The reviews are intended to be held biannually, and the forums are scheduled annually. Although held less regularly than intended, at least one of the two processes has occurred in most years. Some interviewees questioned whether the arrangements were as effective as they might be – particularly whether they give enough space and provide strong incentives for follow up.

The multi-stakeholder forums ordinarily result in agreed undertakings, but these have historically been quite general in nature. For example, in the last (MSF 7), held in December 2015, a commitment was made to develop an action plan, which might increase specificity and likelihood of follow up. Overall, the MSF process seems to have relied on peer pressure to incentivise follow up, rather than scrutiny by a single organisation with the authority and resources to chase up on progress. The cycle of reviews and fora has, according to a 2013 assessment, made a substantive contribution to important reforms including the establishment of CLTSH as Ethiopia's overarching approach to rural sanitation, and the launch of the OWNP.[28] Tracing the exact pathway for these changes in retrospect is difficult; at the very least it seems plausible that the MSF and JTR processes provided important platforms for disseminating and building consensus around new policies, approaches and principles.

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Beyond these structured reviews and meetings, we found both positive and negative incentives for research and learning to translate into major reform. These can potentially provide lessons for stakeholders looking to support Government with course correction efforts. On the negative side, several interviewees picked up on the issue of attitudes to advocacy within Ethiopia, and implications for civil society organisations looking to contribute research and learning – citing, for example, the '70/30 Guideline'.[vi] Such challenges around advocacy engagement by civil society in Ethiopia are reportedly greater at regional level and below, due to a lack of understanding and capacity to accurately distinguish between political and development advocacy.

This said, Ethiopia's development partners have successfully supported initiatives to stimulate reform, especially through working closely with Government. Here, giving key Government stakeholders a personal stake in the evidence generating and analysis processes seems to incentivise action. For example, a recent process review of the CLTSH approach gave national and regional Government representatives a central role. The MoH had ownership of the process and at the time of research was presenting results to WASH stakeholders. This included not only the findings but specific recommendations and next steps, for example strengthening follow-up activities within CLTSH once a kebele or woreda achieves open defecation free status.[vii] Direct participation in the study had also reportedly prompted the President of Somali Region to demand a separate budget line for sanitation. A second example is an action learning initiative on the links between WASH and neglected tropical diseases. Interviews revealed that this became an increasing priority for the Hygiene and Environmental Case Team within the MoH after officials participated in a global study that mapped the burden of neglected tropical diseases, showing high incidence in Ethiopia of diseases such as trachoma.[viii]

As well as directly involving Government stakeholders, interviewees argued that sector learning and reform efforts were more likely to succeed where the perceived costs were minimised. For example, the effort on neglected tropical diseases was viewed as succeeding because it had successfully framed required changes to current hygiene and sanitation promotion as low-cost and simple to implement. Relatedly, some interviewees pointed to the success of learning and review initiatives that development partners backed with the financial and technical resources to enable follow up.

[vi] The '70/30 Guideline' is the commonly used label for the Guideline on Determining the Administrative and Operational Costs of Civil Society Organisations, issued by the Ethiopian Charities and Societies Agencies in 2011. It requires a 70:30 ratio between operating and administration costs. By contrast with the view of interviewees, who viewed it as suppressing advocacy engagement, a 2013 review found that most civil society organisations consulted were more concerned about the effect of the Guideline on funding administrative costs associated with implementation. See Development Assistance Group Ethiopia (2012), *Potential Impact of the Guideline to Determine Charities' and Socities' Operational and Administrative Costs (70/30). Summary of Potential Issues and Challenges. A DAG Commissioned Review.* Development Assistance Group Ethiopia. Available at: www.dagethiopia.org/new/okeydoc/download.php?id=87

[vii] Preliminary findings from the CLTSH Rapid Appraisal Protocol in Ethiopia**.** August, 2016. Shared at the National Hygiene and Environmental Health Task Force Meeting, Addis Ababa, 4 August 2016.

[viii] See www.washntds.org

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Day-to-day adaptation

Our findings suggest that more day-to-day processes of course correction require incentives for timely and accurate flow of information, and for that information to be used.

Regarding flow of information, monitoring and evaluation (M&E) systems can provide an enabling framework and are therefore worth a brief review. Within the MoH, systems for collating and transferring sanitation data seem quite advanced, although a recent review[29] highlights some duplication and contradiction in the data, for example between Health Management Information System and information collated through the Hygiene and Environmental Health Case Team and its subsidiary offices. Meanwhile, the formation of a WASH Management Information System housed within the MoWIE has been under discussion for some time. The UK Department for International Development (DfID) has funded a specific initiative to improve this system.[30] Although M&E frameworks do not create incentives to act on information in and of themselves, the complexity of the sector M&E architecture and the contradictions between figures from different sources makes it harder to know which is the best source of information to use for more routine course correction and adaptation.

At decentralised levels capacity constraints are identified as a key reason for the dysfunction of systems for data sharing and use.[31] However, interviewees identified other underlying concerns that may be disincentivising the use of existing systems.

Key among these seems to be perceptions about the quality and veracity of data. If stakeholders don't trust information they will be less willing to use it. On paper, verification systems are in place, for example the 2012 CLTSH Verification and Certification Protocol.[32] However, several interviewees cast doubt on how far these systems work in practice. Nationwide, verification seems to be limited – one interviewee gave an anecdote of a meeting in Oromia, in which regional, zonal, and woreda stakeholders successively admitted that they couldn't trust their figures. Concerns were also raised that quarterly reports of HEWs on existence and use of latrines may be completed without actual observation.

Interrelation between prioritisation through government machinery and course correction

Drawing on the evidence already set out, we consider whether there are any relevant interrelationships between the two functions. The main theme we identify is that the mode of prioritisation of different policy issues within Ethiopia's Government machinery at large is not necessarily conducive to course correction. That mode of prioritisation can be characterised as relatively top-down, cascading instruction via party and bureaucratic channels, whereas, as noted, the model of decentralisation leaves concerns that local officials can see accountability to their superiors as more important than responsiveness to citizen demands.

First, there is a risk that course correction is undermined by an emphasis on prescriptive planning documents. Several interviewees alluded to the Government's success in producing such a large number of plans, protocols and guidelines but questioned whether these leave room for reflection and learning. In the words of one

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interviewee: "[it's] what you get in a top down system – it's all about the plan." At the same time, providing a supportive framework of guidance is important – other interviewees pointed to the need to translate some of the existing guidelines into regional languages, which is a need also recognised in the recent CLTSH Rapid Appraisal Protocol, mentioned above. The key tension seems to be around what level of specificity to include in plans and strategies, although clearly there are also fundamental logistical issues, such as ensuring documents are available at local level in an appropriate format and language.

Second, target-driven or campaign-driven modes of prioritisation may also work against accurate reporting and local autonomy for course correction. Although the HEP provides strong implementation capacity to translate national policy priorities for sanitation down to local level, the HEWs themselves are often subject to party political pressures relating to campaigns on other sectors and issues, and to upward reporting obligations. This affords little opportunity for them to monitor and evaluate outcomes themselves, and use this learning to course correct at a local level. Furthermore, when combined with problems of technical capacity and limited effective verification, targets and campaigns may lead to over-reporting, as has historically been the case in India's rural sanitation sector.[ix] Interviewees questioned whether target-setting actually encourages timely sharing of accurate information, and alluded to the fact that regional, woreda, and kebele stakeholders would sometimes game the system to look better to superiors by over-reporting, or seek greater resources by under-reporting.

The progress-chasing regime instituted by Dr Shiferaw as head of the SNNPR Bureau of Health is an interesting case for illustrating the challenge in finding the balance between encouraging prioritisation and ensuring accurate reporting. Incentives were provided for well-performing HEWs, and kebele and woreda administrators, in the form of public recognition. Progress was also linked with job performance reviews. Performance agreements with assigned quotas for sanitation were signed between woredas and the regional health bureau. This helped to get government officials engaged, but reportedly also created the risk of over-reporting to meet given quotas.[33]

Conclusions and lessons

Ethiopia's rural sanitation sector has made significant progress in translating high-level commitment into prioritisation through its extensive Government bureaucracy and manpower, and sector approaches have evolved a number of times in response to key challenges, such as the need to build in a greater emphasis on demand-led behaviour change promotion. Elements of the wider political and governance context seem to have been instrumental to those successes, but may also help to explain the challenges faced. These elements include the top-down nature of prioritisation of policy issues, and the responsiveness of government officials to their line and party superiors, which has arguably facilitated rapid roll-out of programmatic approaches such as CLTSH through a command and control structure.

At the same time, these same characteristics raise various risks. For example, that local officials' decisions to prioritise sanitation are made in the face of multiple,

[ix] See India case study report [ADD REFERENCE OR LINK HERE? Or instead of a footnote, have a reference straightaway?].

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competing pressures (and so are vulnerable to change). Or that stakeholders will not have the space and support to take ownership of course correction decisions, in the face of a treadmill of strategies, plans and guidelines. Ethiopia's rural sanitation sector is not alone in confronting these risks, however. Other countries with features such as a strong, hierarchical bureaucracy, influence of party politics and extensive (but incomplete) decentralisation processes may be able to learn from Ethiopia's story. Key lessons include:

- The need to match top-down targets, campaigns and quotas with a wider range of incentives, for example by stimulating competition between local government stakeholders with rewards and recognition for innovation on sanitation issues.
- The potential for funding to influence decision-making and accountability, alongside the command structures of the Government hierarchy. In this context, can performance incentive schemes be designed to reward high (verified) performance with additional resources?
- The potential to use party political structures as well as sectoral chains of command to influence stakeholders to prioritise sanitation.
- The importance of providing space and incentives to translate commitments emerging from sector review and learning into action – whether through peer pressure or a designated lead with responsibility and authority to effectively follow up.

Ethiopia's successes in rapidly reducing open defecation point to wider lessons for a broad range of countries, not just those with similar political and governance structures:

- Extending prioritisation of sanitation beyond the 'usual suspects' (such as health and water ministries) by making a link to urgent political and social priorities – in Ethiopia's case, youth unemployment.
- The effectiveness of learning relationships that foster the active participation of key government decision-makers as early as possible, backed by resources to pilot or scale evidence-based approaches.
- The importance of strengthening confidence in data as a basis for course correction by investing in supportive review and verification

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